### ARCHITECTURAL REVIEW REQUEST TOWN CENTER VILLAGE HOMEOWNERS ASSOCIATION

c/o Epic Association Management 8712 Spanish Ridge Ave., Las Vegas, NV 89148 Phone/Text 702.767.9993 \* Email general@epicamlv.com

### ARCHITECTURAL SUBMITTAL CHECKLIST

| Property Address:   |
|---|
| Improvement for Review:   |
| The following items are required to complete the submittal package and should accompany all requests. If you are mailing in the package we request you mail the original plus and keep a copy for your records.  Color copy emails are preferred.   |
| Plans A. Elevation Drawings B. Details Site Plan Specifications A. Location of the improvement on the lot B. Front, Rear and Side yard setback measurements C. Improvement location in relation to existing structures (residence, property walls, driveway, etc.) D. Exterior finish materials and colors E. Drainage Pattern Impacted Neighbor Statement Copy of permit (if applicable) Utility connection locations (if applicable) Building floor plan and roof plan with all dimensions (if applicable) Evidence of improvement being completed by a licensed contractor Manufacturers specifications (if applicable) Tree and plant schedule showing size and types of material to be used (if applicable) Photograph(s) of similar improvement  Additional Comment or Details: |
|   |

Failure to follow these requirements and procedures may cause your request to be delayed pending submission of additional information and documentation to the Architectural Review Committee. An incomplete application may affect the time limits for approval.

# TOWN CENTER VILLAGE HOMEOWNERS ASSOCIATION ARCHITECTURAL CHANGE REQUEST

| Date:   |  |  |  |
|---|--|--|--|
| Requested by:   |  |  |  |
| Address:  |  |  |  |
| Telephone:  |  |  |  |
| TO: Architectural Review Committee                                      | ee   |  |  |
|   |  | following improvement to my unit (describe the proposed imensions, materials, color and location):   |  |
|   |  |  |  |
| As the homeowner, I understand the construction of such improvements.   | at I am responsible for a                    | ny damage done to the common elements during and/or after  |  |
| and the insurance must list the Ass<br>must be provided prior to the wo | sociation and Managemerk being completed and | Certificate of Insurance must be submitted with this request<br>int as an additional insured on the policy. This information<br>will delay the approval process of this application if not<br>ermit is required for the proposed improvement, it must be |  |
| Work to be constructed by:  |  |  |  |
| Proposed Date of Construction:  |  |  |  |
| Any Additional Comment from Ap  | pplicant:                                    |  |  |
|   |  |  |  |
|   | DO NOT WRITE E                               | BELOW THIS LINE  |  |
| ARCHITECTURAL REVIEW COM ( )Approved                                    | MMITTEE ACTION:  ( )Declined                 | ( )More information needed   |  |
| COMMENTS:   |  |  |  |
|   |  |  |  |
| Date:   |  | By:  |  |
| Affected Neighbors Approval Need  | ed?()  |  |  |
| ARC Member Signature  |  | ARC Member Signature   |  |

Return Completed Form to: Epic Assoc. Mgmt, 8712 Spanish Ridge Ave., Las Vegas, NV 89148 \*\* <a href="mailto:general@epicamlv.com">general@epicamlv.com</a>

## TOWN CENTER VILLAGE HOMEOWNERS ASSOCIATION IMPACTED NEIGHBOR STATEMENT

As required, if affected

| Name:  |   |
|--|---|
| Address:                                       |   |
| Improvement for Review:                        |   |
|  |   |
|  |   |
|  |   |
|  | attached plans and/or drawings to all affected neighbors for their review of has been notified that these drawings and/or plans are being submitted for |
| Right Side Neighbor                            |   |
| ☐ I HAVE REVIEWED AND UNI                      | DERSTAND THE PLANS MENTIONED ABOVE**  |
| Signature:                                     | Address:  |
| Telephone:                                     | Date:   |
| Left Side Neighbor                             |   |
| $\Box$ I HAVE REVIEWED AND UNI                 | DERSTAND THE PLANS MENTIONED ABOVE**  |
| Signature:                                     | Address:  |
| Telephone:                                     | Date:   |
| Front Facing Neighbor  I HAVE REVIEWED AND UNI | DERSTAND THE PLANS MENTIONED ABOVE**  |
| Signature:                                     | Address:  |
| Telephone:                                     | Date:   |
| Rear Neighbor                                  |   |
| ☐ I HAVE REVIEWED AND UNI                      | DERSTAND THE PLANS MENTIONED ABOVE**  |
| Signature:                                     | Address:  |
| Telephone:                                     | Date:   |
|  |   |
| Homeowner(s) Signature                         | Email/Telephone   |

\*\*NOTE: Specific objections must be noted on the back of this form for committee consideration if neighbor disapproves of the request in any way. Neighbor objection does not, in itself, cause denial, however the Board of Directors may contact neighbors to determine their objections and if they are appropriate reasons to disapprove if necessary.

#### **Completed Forms Must be Returned to:**

Town Center Village Homeowners Association c/o Epic Association Management 8712 Spanish Ridge Ave. Las Vegas, NV 89148 Phone/Text: 702.767.9993

Email: general@epicamlv.com